| BOY | (ED OF ATTORNEY | | | | | | |
|---|-------------------------------------|------------------------|----|-----------|-------|--------|------------------------|
| POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO Thereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CEP | | | | | | | |
| 37 CFR 3.1 I hereby at | (U). | | | | | | statement under |
| I — · · | • | | | | | | |
| Practitioners associated with the Customer Number: | | | r: | 25226 | | 7 | |
| OR | | | | | | _ | |
| Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): | | | | | | | |
| Name | | Registration Number | | Name | | | Registration Number |
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| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with | | | | | | | |
| attached to this form in accordance with 37 CFR 3.73(b). | | | | | | | |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: | | | | | | | |
| X The address associated with Customer Number: | | | | 226 | | | ** |
| OR | | | | | | | |
| Firm or Individual Name | | | | | | | |
| Address | | | | | | | |
| | | | | | | | |
| City | | State | | | Zip | | |
| Country | 14 | Telephone | | | Email | | |
| Assignee Name and Address: Genentech, Inc. | | | | | | | |
| 1 DNA Way | | | | | | | |
| South Sar | Francisco, California 94 | 080-4990 | | | | | * |
| | | | | | | | |
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| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be | | | | | | | |
| filed in each application in which this form is used. The statement under 37 CFR 3 73/b) may be completed by any of | | | | | | | |
| the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. | | | | | | | |
| SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee | | | | | | | |
| Signature | Mult. W | | | n . | 9/10/ | | |
| Name | Mark T. Kresnak | <u> </u> | | Telephone | | 225-42 | 61 |
| Title | Associate General Counsel, Director | | | | | | |

Attorney Docket No.: 146392800000